

Instructions:

Please complete this form and attach a current resumé. Email the form and the resumé to laac-caap@csla-aapc.ca

Contact Information:

Full Name	
Title	
Company	
Professional Designations / Affiliations	
Phone No.	
Email	
Mailing Address	

Category (please check only one):

<input type="checkbox"/>	Educator (landscape architect who teaches in a LAAC or LAAB* accredited program) <small>*LAAB: Landscape Architecture Accreditation Board (USA)</small>
<input type="checkbox"/>	Academic Administrator (not a landscape architect)
<input type="checkbox"/>	Private Practitioner (landscape architect with a minimum of 5 years experience)
<input type="checkbox"/>	Public Practitioner (landscape architect with a minimum of 5 years experience)

Previous Visiting Team Assignments:

Institution	Degree	Year	Agency (if other than LAAC)